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DETROIT MEDICAL JOURNAL

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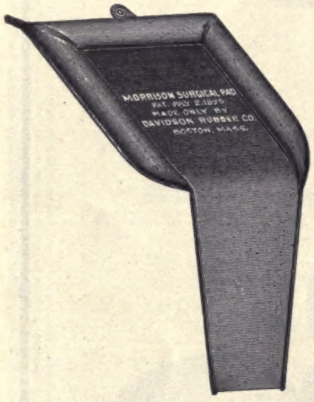

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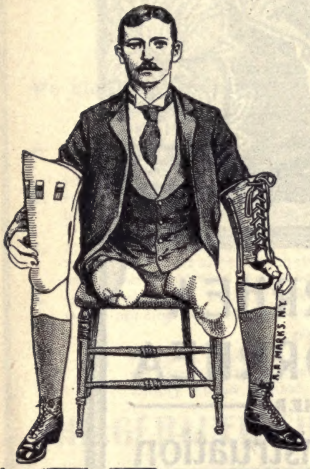

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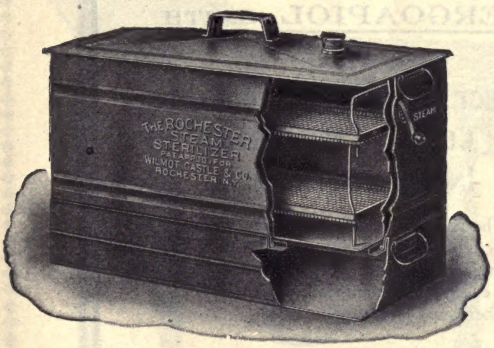

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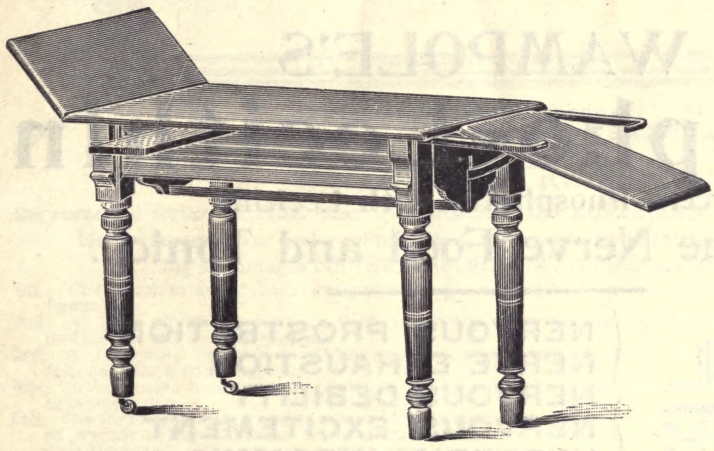

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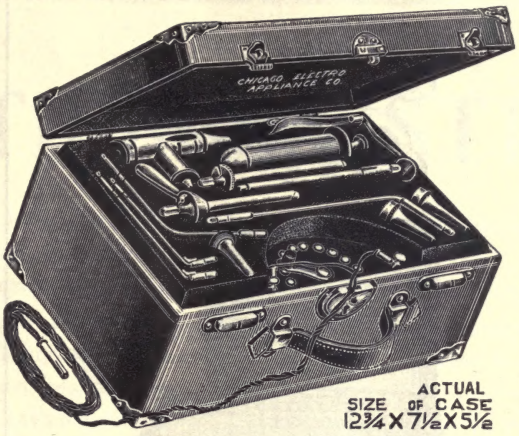

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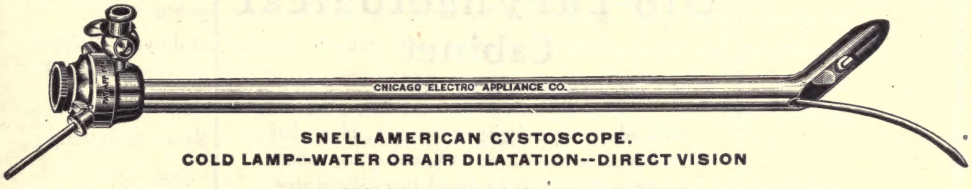

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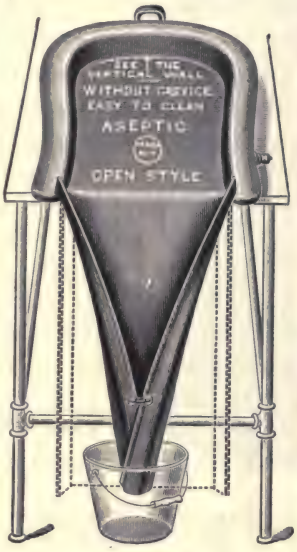

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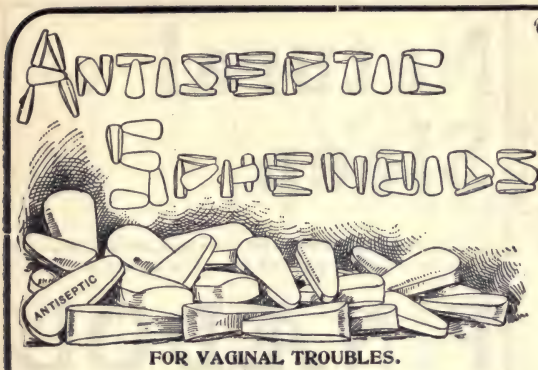

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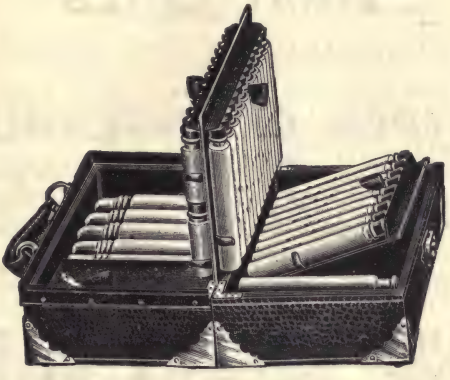

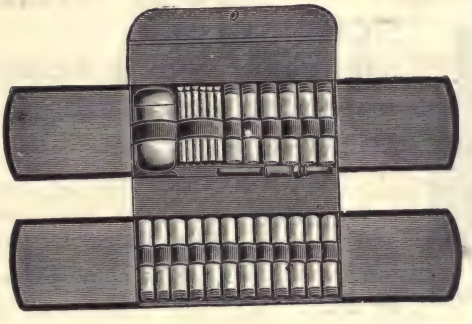

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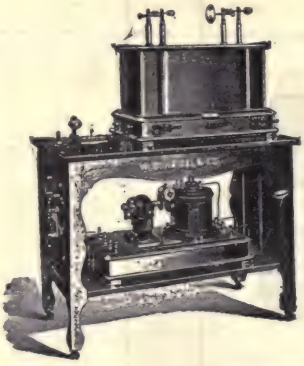

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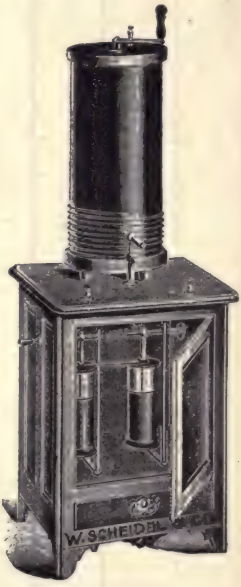

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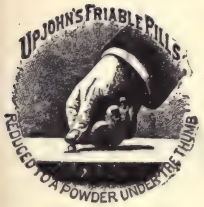

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THE DETROIT MEDICAL JOURNAL.

VOL. IV. SEPTEMBER, 1904. NO. 6.

THE CONSCIENTIOUS SURGEON.*

C. T. NEWKIRK,
Bay City.

The physician who worries over the swift changes of daily life, the so-called revolutions in modern science, the genesis and exodus of theories and schools, may regain his composure if he bears in mind the inspired lines of Russell Lowell:

"Change is the mask that all continuance wears
To keep us youngsters harmlessly amused,
Meanwhile some ailing or more watchful child,
Sitting apart, sees the old eyes gleam out,
Stern and yet soft with humorous pity, too."

Medical science is like the human body. It is forever undergoing alteration, but that alteration is not transformation, merely slow growth. We change names, remedies, and theories, but never the underlying principles on which our profession is built.

It is as true to-day as in the dead years of Galen and Hippocrates that the first quality of the surgeon is conscientiousness.

Every age has its own faults and shortcomings. Not so long ago medicine and the pulpit were the two learned professions. The temptation at that time was toward arrogance and intolerance. But the universities and great technical schools have changed all this, and to-day the doctor of medicine is simply one of many doctors, equally trained, equally learned and equally able. The chemist, physicist, electrical engineer, geologist, archæologist, dentist, metallurgist, botanist and philologist are now his colleagues and at times his rivals in the world of learning.

The old temptations are gone, but their places have been well filled by new ones. Of them the chief are the mercenary spirit and unrestrained ambition.

No one confesses to being a worshiper of Mammon. The veriest miser invariably claims that he is merely looking out for a rainy day. Even Russell Sage holds himself up as a model business man who, in giving indirect employment to thousands, is a public benefactor.

So the physician who yields to the love of greed justifies himself to his own conscience on the ground that he is simply applying business principles to his profession. If by this phrase were meant the keeping of books of account, the methodical rendition of bills and the wise investment of income over outgo, nothing could be said. But it seldom means this, and it nearly always has a much wider meaning. As employed today, it means that a physician is a tradesman or merchant who sells his time and brains to the highest bidder, who leaves no stone unturned to sell his wares and who

*Read before the Michigan State Medical Society, Grand Rapids, Michigan, May 27, 1904.

Detroit, Mich., September 15, 1904.

measures his work by its monetary returns. That these are the principles of many practitioners is known to you all. That it is injurious to character and subversive of our highest ideals is equally known. But did it ever occur to you that the action of those who follow this doctrine produces a re-action in the public which tends to impair the dignity and worth of the medical vocation?

In the popular mind has grown up a feeling that physicians are merely business men, selling their goods at prices which are often exorbitant, and with this feeling has come the desire to buy the goods elsewhere and at smaller figures.

The desire expresses itsef in many commercial forms. Wealthy people recognize it in ever-increasing endowments of hospitals, dispensaries and sanitaria. Shrewd business men in the large cities recognize it by organizing medical leagues, the members of which pay a small weekly fee and are entitled to mdical attendance and medicine whenever they are sick. The doctors employed are paid small yearly salaries and the difference goes into the pockets of the organizers. The cities, counties and stats recognize it by establishing hospitals and dispensaries for the free treatment of the poor.

Quacks and charlatans recognize it by putting nostrums and panaceas on the market and advertising them broadcast as being better and cheaper than the prescriptions of the profession.

Worst of all, unscrupulous practitioners and ignorant laymen establish medical institutes, homes and similar affairs, when they hire impecunious or dissipated doctors at small wages to do the work; while they receive the high charges which they demand for the prestige brought about by judicious advertising. The largest institution of this kind in the United States, which makes a specialty of reshaping noses and beautifying the complexion, and which treats thousands of foolish women every year, is owned and run by a man, not an M. D., who can scarcely read and write.

To this commercial element, more than aught else, is due the increased patronage bestowed on pharmacists, trained nurses, chemists, medical electricians, masseurs, teachers of curative gymnastics, osteopaths, faith curists and hot-spring establishments.

Unrestrained ambition has many sins to answer for. It is well for us all to aim high and do our best at every opportunity. It is a different matter to give free reign to ambition and ride off at every tangent. When a new discovery is made there is always someone who finds that it will work miracles and forthwith a score of ambitious practititners accept the declaration as gospel truth and act upon it. In nearly every instance, they see fame ahead of them and start off in a wild canter to capture the fickle jade.

Thirty-five years ago the faculty became suddenly enamored of chloral hydrate. How many use it today? And how many chloral fiends did it make?

Thirty years ago today hundreds of self-respecting physicians began putting panes of blue glass into the windows of patients. They worked so hard as to exhaust all the stock of blue glass in the world. I haven't seen a medical glazier now in a decade.

Twenty-five years ago, Brown-Sequard announced his various elixirs, which came close to the elixir vitae of the alchemists. How many M. D.'s forthwith embraced the doctrine and put it into practice? Is there one who does it today?

Twenty years ago, Williams, Jackson and others declared that low alternating currents of electricity would cure tumors and cancers. Immediately came a demand for batteries and cells which kept the electricians busy a twelve-month.

How many employ a battery for such purposes today?

At the present time, the faculty is suffering from an attack of illuminating, not gas, but rays. The X-ray treatment and N-ray treatment, Becquerel-ray and Finsen-ray treatment and last of all radium, polonium and other phosphorescent bodies' treatment.

To use these remediants involves heavy cost, special apparatus, long and careful experiment, special knowledge and profound study. Until definite results are obtained and a clear knowledge gained upon the subject, it would be rank folly for a physician to employ these alleged methods or even to give an opinion upon the subject.

I notice in the medical journals that some ambitious young surgeons in the east are recommending the opening of the kidney for diagnosis and its excision in many renal troubles.

That they have done this successfully in a few instances speaks volumes for their skill, and the vitality of their patients. But it is still a question, and when the kidneys are in question, it is well to mind your P's and Q's.

Progress is sublime, but it is small and slow. We know a little more than our fathers and they know a trifle more than theirs, but we know less than our sons and much less than our grandsons will know. A conscientious surgeon will never hesitate to admit ignorance on a topic. Still less will he conceal his ignorance by charging disease to some inoffensive organ. Years ago the foolish practitioner made the spleen and the ovary the scapegoat of all he did not know. Today it is that poor friendless thing, the appendix vermiformis, which bears the brunt of professional incertitude.

It is fortunate that this useless appendage which serves as a second stomach in some of the lower animals is the present victim. Its extirpation does not involve much danger, especially when healthy. It is not accused of being the cause of disease in remote parts of the body. The uterus, ovaries, rectum and vagina have just cause for complaint; the indignities practiced upon them for diseases of other organs by ambitious surgeons are innumerable.

The conscientious surgeon fights shy of all shibboleths. At the present time, nature is made a very big and a very bad shibboleth. The lazy, the foolish and the thoughtless use such phrases, as: "Let nature work its cure," "Live naturally," "Don't violate the laws of nature," and the like, *ad nauseam.* All of these commands illustrate the law that the worst lie is a half truth. Nature's chief use of an animal is as food for some other animal. Before we conquered nature, the man who was not eaten in one bite by a tiger was devoured in a million bites by microbes.

Even today, the natural man, the savage, is a filthy, foul-smelling creature with parasites within and without, who is killed or dies before he is forty.

Leave a wound to nature and she fills it with germs, animal and vegetable, and utilizes it as a hot-house for untold myriads or other species.

Diseases were not caused by man. Appendicitis in the monkey is ulceration of the second stomach. Consumption is found in the kangaroo and other marsupials; cancer in reptiles and fishes.

To the conscientious surgeon, nature is a vast agency, potent for both good and evil. Her evil must always be fought and she herself kept under eternal watch.

In the viewless air are infinite armies of disease germs. In the purest water of crystal spring or silver lake are microbic forms seeking your life. These invisible enemies of our race lurk on the petals of

the rose, the wings of the fly, the surface of the snowflake, the feelers of the mosquito, the mane of your horse, the fur of the house-cat and the plumage of the canary. They die by millions every second, to be replaced by new millions. Excepting the dog and the horse, man has only enemies in the universe.

In the last analysis the surgeon is not a worker so far as production or distribution are concerned. He is a policeman, a nurse and a soldier. His duties are to help those who are injured in nature's inscrutable operations, and to fight the foes through whom and which these injuries are inflicted.

Bay City, Michigan.

CHRONIC SYNOVITIS.*

By VINE LA RUE SMITH, M. D.
Detroit, Mich.

In this brief paper it is my desire to place before the profession the results of certain lines of treatment that have proved to be of great benefit in the treatment of chronic synovitis. The treatment consists, briefly, of the use of an appliance of such a character as to secure extension and counter-extension, together with mild mechanical stimulation over the affected part. The recent work of Lorenz and Hoffa in this country, as well as that of their scores of disciples and imitators, and the very general publicity which has been given to the results of their treatment have greatly stimulated the interest which is properly felt in this important matter of correction of deformities.

It is a field in which the orthopædist finds the nicest and most interesting problems upon which to work. Each case is in a way an entity, and the very individuality of its character calls for special treatment in almost every single case. The results which have been obtained by this method justify, I think, its introduction to the profession by means of cases treated. It is my desire to report the two following cases, taken somewhat at random from a number of others:

Miss M., aet. 22, came to me in June last, suffering from a pronounced swelling on the left side of the left foot, involving the ankle joint. The family history of the patient was negative, and the

*Written for the Detroit Medical Journal.

etiology was obscure. She stated that in April, 1901, she was suddenly affiicted with a pronounced swelling in the left ankle-joint, with considerable pain

and stiffening. When the foot was firmly fixed, in a position almost in a straight line with the leg, she consulted a physician. His diagnosis was tuberculosis, and he prescribed a plaster cast, this treatment continuing for a year. During this time the patient was able to get about with crutches, but the improvement was slow, so she sought further advice from another member of the profession, who treated her with massage. Under this treatment she was able to put on a shoe, but the stiffness and pain still remained, and on June 4 of this year she came to my office for consultation.

At this time I found some atrophy of the calf, which was due to the continual wearing of casts. The joint was swollen, tender and very painful, and there was fluctuation, which was synovial fluid. There was no extension or flexion of the foot, tibialis anticus relaxed and tendo Achilles contracted. Any attempt to move joint was very painful.

I fitted her with a support for the joint, providing for gentle extension and counter-extension, and employed mild mechanical stimulation.

The appliance or splint was made of steel, with a sandal, two bars and two bands, with joint at the ankle. There are six buckles on the sandal, three on each side, which fasten to plaster bandage around ankle, and two buckles at the top of bars, which fasten to plasters on the limb. This gives an extension and counter-extension and an elastic toe-strap is utilized to bring the foot into the extended position. The appliance is also provided with a set-screw at the ankle, which prevents motion. By this means the foot was held as rigidly as in a plaster cast, and the disadvantages of the latter were done away with.

Under this treatment, the patient improved with gratifying rapidity. The pain left in forty-eight hours and did not return. The deformity has yielded to the pressure, and the general condition of the patient is much improved. She is able to rest her weight lightly on the deformed member, and she is encouraged to walk all she can. The accompanying photograph shows the improvement in the deformity.

Another case is that of Ernest, aet. 4, who was brought to me for treatment June 7, this year. This was a case of chronic synovitis, with a traumatic etiology. In March, 1903, he fell from a sidewalk, and the deformity shown resulted.

The left knee became badly swollen and there was an abundance of synovial fluid present at the joint, which was ankylosed.

When I examined him, I found contraction of the flexor muscles and the knee at an angle of ninety degrees, swollen, tender and a large quantity of fluid present. The joint was twice as large as the normal knee, but there was only slight atrophy of the limb. The joint was hot, with excruciating pain on motion. It had been fixed in this position for four months, and the patient could bear no weight on the affected limb.

The boy was fitted with an appliance made of steel, a sandal, two bars, four bands and a seat-piece. In this case joints were made at the knee and at the ankle, with two buckles, one on each side of the sandal, which were fastened to plasters on the limb, thus giving exten-

sion. The seat-piece fastened to the appliance with a ratchet, thus giving counter-extension. A rachet was also provided beneath the knee, by which the limb was slowly straightened, and with practically no pain to the patient.

Within five weeks' time, treatment three times a week, consisting of mild mechanical stimulation and the proper adjustment of the brace, the condition

had improved to the extent shown in the accompanying illustration.

The results in these two cases are typical of these secured by the application of the proper device for correcting the deformity by degrees, but constantly in the desired direction, and the stimulation of the parts by vibratory massage. The relief from pain and the steady improvement of the conditions are gratifying features of this form of treatment. A number of cases that have been treated intelligently and persistently by other methods have remained intractable until subjected to methods above outlined, when they yielded promptly to treatment. It is on this account that I have brought the matter specifically before the profession.

57 Fort Street West.

ARTIFICIAL FEEDING OF INFANTS.*

By W. G. HUTCHINSON, M. D.,
Detroit, Mich.
Attending Physician Children's Free Hospital.

In beginning a study of this subject it is absolutely necessary to keep in mind the fact, that the artificial feeding of infants is in all cases a matter of individuality. In a word, the food must in every case be made to fit the child. This point cannot be too strongly emphasized, for it is my experience that it is altogether too frequently overlooked by the average practitioner, with the result that an unnecessarily large number of infants are regularly suffering with stomach and intestinal disturbances.

It is evident at once then, that any rules or formulas which we may use to guide us in this work must be sufficiently flexible to allow of their being altered to suit each individual case. If for example, we have a child six months of age come under our observation, whose development is only that of a healthy baby of two months, we should at once appreciate the fact that it cannot in all probability, take a food suitable for a healthy six months' infant.

How, then, are we to meet these varying conditions? Simply by percentage feeding, which is at the present time, and which must necessarily be in the future, the only proper and scientific method of artificial feeding.

Possessing as we do a knowledge of the various elements and the proportion of each in mothers' milk, and having at our disposal a substance—cow's milk—containing practically the same elements but in different proportion, it appears at first glance to be a very simple matter so to alter the latter as to provide an exact substitute for mother's milk.

A large number of formulas for the modification of cow's milk, to bring the percentages of the different elements to the same point as those of mother's milk, were given the profession, and percentage feeding became the routine with the majority of physicians.

The first of these were unsatisfactory in the hands of the majority, for they did not provide a sufficiently simple method of increasing or decreasing, with exactness, one or more of the different ingredients.

It also soon became evident, that a child would not ordinarily digest a diet of cow's milk containing exactly the same percentages of the different elements, as found in mother's milk. There must, therefore, be some difference in the char-

*Read before the Harper Hospital Polyclinic Society, March 26, 1904.

acter, as well as the proportion of these elements.

Mother's milk contains approximately 1.5 per cent. proteids; 3 to 5 per cent. fats; 7 per cent. carbohydrates; 0.20 per cent. salts and water sufficient to make 100 parts. Of these the proteids are present principally in two forms, casein and lactalbumin. Lactalbumin resembles very much the serum albumin of the blood, and is present in a larger quantity than the casein. The casein coagulates very slightly with acids or rennet, and the curd thus formed is a very soft, flocculent one.

In cow's milk the proteids are present in about 3.50 per cent.; the fats 4 per cent.; the carbohydrates 4.50 per cent. and the salts 0.75 per cent. Comparing these percentages with those of mother's milk, we see at a glance that the proteids are present in a much larger quantity, the carbohydrates in a much smaller and the salts in a slightly larger. There is, however, a considerable difference in the *character* of the proteids, and herein lies the explanation for much of the difference in the digestibility of the two milks.

There has been much difference of opinion as to whether this difficulty of digestion is due to the proteids or to the fats of cow's milk, and I believe the opinions are even now somewhat divided. We know that the fats are very prone to deteriorate, both before and after entering the stomach, and this factor must be kept constantly in mind. This tendency may be partly explained in two ways; in the first place cream, which of course contains most of the fat, also contains a relatively larger number of bacteria, which if given an opportunity will multiply and produce marked changes; and secondly, commercial cream is apt to be of such an age when it reaches the consumer that these changes have already taken place. Holt, however, states that the difference in the digestibility of the *casein* of cows milk causes the greatest difficulty in artificial feeding, and my own experience bears out this statement.

The proteids of cow's milk, as in mother's milk, are present in two forms, but of these the casein greatly exceeds the lactalbumin, while in mother's milk, as has been stated, the reverse is true. A comparative analysis by Koenig shows mother's milk to contain: 1.26 per cent. lactalbumin, and 1.03 per cent casein, while cow's milk contains only 0.53 per cent. lactalbumin and 3.02 per cent. casein. The lactalbumin, as has already been said, resembles the serum albumin of the blood and is readily cared for by the digestive organs. The casein, on the other hand, when brought in contact with the gastric juice, is precipitated in the form of a firm, somewhat tenacious curd, and while this does not occur to the same extent in milk which has been diluted, still the curd thus formed is much firmer and more tenacious, than that of mother's milk which is of a soft flocculent character.

Taking into consideration the mechanical action of the gastric juice, by which I mean the facility with which the juice can be brought in contact on all sides of the various substances introduced into the stomach, and knowing as we do that where these substances are small, soft and of such a character as to permit of easy penetration by this juice, that digestion is more rapid and complete, it seems to me very evident that much of the difficulty of digestion of cow's milk may be traced directly to the character of the curd.

How are we to meet these difficulties? In the first place, may we reduce the proteids to a point very much lower than those found in mother's milk, and keep them there for any length of time, without detriment to the child? The pre-

ponderance of evidence is in the negative. While it is undoubtedly true that the majority of food contains more proteid than is required by the economy in twenty-four hours, still it must be supplied in sufficient quantity for the body needs, and to allow for some waste by non-assimilation. There is no time in the life of a human being when proteids are more necessary than during the first year. They are not only required to supply the elements necessary for the building and activity of the very cells upon which depend the digestion and assimilation of the other food ingredients, but they must also be furnished in sufficient quantity to provide for the rapid growth during the first year, a growth which is more rapid than at any subsequent period of equal length. Clinically a diet of insufficient proteids will be manifest sooner or later by a poorly nourished and anemic child, whose power to digest proteid is very much below par. Another point of equal importance is the fact that vegetable proteids cannot with impunity, be substituted for the animal for any great length of time. This of course, means that we must rely upon a milk of some character and in practically all cases, this must of necessity be cow's milk.

At this point, I want to say just a word regarding proprietary foods. The market is flooded with foods of various character, all advertised as ideal infant foods. The manufacturers of these foods, recognizing at an early date the difficulty experienced in the digestion of cow's milk, set about to supply a food easy of digestion and assimilation and in this they have succeeded admirably. Not only are these foods easy of digestion and assimilation, but infants fed on them exclusively, often grow rapidly, put on flesh and are to all appearances exceedingly healthy infants. Stop and examine the infant thoroughly, however, and you will generally be impressed with the fact, that he is a decidedly soft, flabby child, and if closely watched you will usually find a strong tendency to rickets.

The explanation is simple. Nearly all these foods contain an excessive quantity of carbohydrates and are sadly deficient in those two most important elements, the proteids and fats. Again, in many, a large percentage of the carbohydrates are present in the form of starch, which during the first five or six months of infancy the digestive juices are unable to convert into sugar, being practically devoid of diastatic power.

These foods are of value to tide over an emergency and some, as I will mention later, are in my opinion, valuable as an adjunct to modified milk; but there is not to my knowledge a proprietary food on the market today, that can be safely used exclusively as an artificial infant diet for any great length of time.

Returning again to cows milk, the question is how to adapt it to the infant's digestion and needs.

The carbohydrates and salts we may pass with but a word of comment, for aside from providing them in proper amounts, which is easily accomplished by the addition of milk-sugar and lime-water, they need receive no attention, since they are practically never a disturbing factor. It is important, however, that a good grade of milk-sugar be procured, and it is also important to remember that where the milk is to be heated, as in sterilization or pasteurization, the lime-water must not be added until after so doing, otherwise your lime salts will be precipitated by the heat.

The fats, as has been said, are considered by some to be a disturbing element. But the fact remains, that aside from raising or lowering the proportion of this element in each mixture, we are powerless; or in other words, we have no means

by which the *character* of the fats can be altered. They *must* be supplied in proper amount, else we will find ourselves with a rachitic child.

Our only hope, as far this element is concerned, lies in an effort on our part to procure absolutely fresh cream. To this end, I would recommend that when practicable, the top milk be used entirely. It is as a rule much fresher than the ordinary cream furnished by the dairies. Perhaps it would also be well to call attention to the fact that gravity cream of four hours contains practically all the fat that can be obtained in this way.

The proteids alone now remain for consideration. When it becomes necessary to place an infant upon a diet of modified milk, these must at first be given at a very low percentage and gradually increased, until the infant's stomach and intestines are educated up to the point of caring for the amount required. This is possible in many cases where you have the child under observation from the first, but there remains a large number of cases which have been "juggled" along on first one thing and then another, until, when the case comes under observation, it is practically impossible to get the patient to care for even a small percentage of this element.

Several methods of rendering the proteids more readily digestible have been tried. Peptonized milk has been used, but this cannot be continued for any great length of time, or else the digestive juices lose much of their normal power.

There is a method, however, which I believe is of great value and altogether too infrequently resorted to. It is the addition of a cereal to the mixture. Just what effect the cereal has upon the casein is, I believe, imperfectly understood, but many claim, and I am thoroughly convinced of the fact, that the curds of a mixture treated with a cereal are of a far more soft, flocculent character than those of an ordinary cream mixture; and they are thus more easily digested by the infant. My own experience has been that the large majority of infants will digest a much higher percentage of proteid when combined with a cereal, than otherwise. It has been claimed that such a combination is not advantageous, and if carried along for a length of time, will very often result in disorders of digestion; but I have yet to see any untoward result from such a combination when judiciously employed. Of the cereals there are several which may be used, but the one I usually employ is th ordinary barley water. It is made by taking two tablespoonfuls of barley, to a quart of water, and boiling for six hours, the water being kept to the original quantity. It is then strained and is ready for use.

Such a mixture then contains 1 :63 per cent. starch; :09 per cent proteid; :05 per cent. fat, .03 per cent. inorganic salts, and the balance water. It is used by substituting it for the plain water in any cream mixture. It is evident at a glance that about the only thing added to a cream mixture when barley water is used, is a small amount of starch, and this, in my experience, has never been sufficient to cause any difficulty.

In place of barley water, gruels made from oatmeal or rice may be used, or we may use some of the proprietory foods such as Mellin's or Horlick's. When used in conjunction with cream mixtures these foods have proven very satisfactory in my hands and I am convinced of their value when used in this way. When using a proprietary food, however, the fact must be kept in mind that they contain a large percentage of carbohydrates, and consequently, the addition of milk sugar to the mixture is unnecessary.

I am not prepared to go on record as advocating the use of a cereal in every case, for I am a firm believer in the ordinary cream mixtures; but I am con-

vinced that a large number of infants will not digest a simple cream mixture, which contains a percentage of proteids sufficient for their needs, and rather than reduce the proteids to a very low percentage, I do believe in the addition of a cereal. This, I am convinced,, renders the proteids more easily digestible and is practically harmless.

In the absence of a milk laboratory wherein milk is dispensed upon a physician's prescription, the same as drugs in a pharmacy, it becomes necessary to familiarize ourselves with some ready method of home modification. By far the simpliest, most exact and easiest of execution of these, is that given by Holt in the last edition of his work.

Briefly, it consists in three sets of formulas, the first in which a 10 per cent of milk is used, the second a 7 per cent, and the third a 4 per cent, these percentages of course having reference to the fat. To obtain th 10 per cent, th upper one-third of bottled milk or equal parts of 16 per cent cream and whole milk is used; for the 7 per cent, the upper half of bottled milk or 1 part of 16 per cent cream to 3 parts of whole milk; and the 4 per cent is simply whole milk.

In the 10 per cent the relation of the fats to the proteids is always 3:1; in the 7 per cent. it is 2:1; and in the 4 per cent., 8:7, or about equal.

Using at all times a 20 ounce mixture as a basis of calculation, it becomes very easy to obtain any percentage we may desire. Thus, if the 10 per cent milk is used, the percentage of fat equals 10-20 or one-half of the number of ounces of milk used; if the 7 per cent. is usd, it equals 7-20 or about one-third the number of ounces used; and in the 4 per cent. it equals 4-20 or one-fifth the number of ounces used.

For example, suppose we take six ounces of 10 per cent. milk; the percentage of fat equals 10-20 or one-half the six ounces, therefore we have 3 per cent. fat. In 10 per cent. milk the relation of fat to proteid is 3-1, therefore the mixture contains 3 per cent. fat and 1 per cent. proteid.

If, on the other hand, we use six ounces of 7 per cent. milk, the percentage of fat will be 7-20 or one-third of six ounces or 2 per cent. In 7 per cent. milk the relation of fat to proteid is 2:1; therefore the mixture will contain 2 per cent. fat and 1 per cent. proteid. In all 20 ounce mixtures, one ounce sugar of milk and one ounce lime water are added, which furnish the proper percentage of carbohydrates and salts. Thus you see how readily a mixture containing almost any percentage may be obtained.

The question as to sterilization of the cream mixtures will depend, in each case, upon the freshness of the milk, which can be obtained. Subjecting a milk to a temperature of 210° F. for from 30 minutes to one hour, has been shown, conclusively, to produce changes in the character of the milk which very materially lessen its nutritive value; and clinically it has been proven beyond all question, to be a most important etiological factor in scurvy. Upon the toxins already formed and upon the spores this temperature has no effect, and unless such milk is properly handled afterward, these spores will developand produce marked changes. The most we can hope to do is to destroy a certain number of the bacteria, and this can be done almost as well by pasteurization—subjecting the milk to a temperature of 150° to 155° F. for 20 to 30 minutes—which temperature does not effect the nutritive value of the milk to the same extent, as does the higher. Where it is possible to obtain a fresh, clean milk, neither method is necessary, or beneficial. In my own practice I have almost entirely done away with them, relying altogether upon a clean, raw milk.

611 Washington Arcade.

PANOPHTHALMITIS DUE TO SEPTIC EMBOLISM—METASTATIC.*

By EUGENE SMITH, M. D.,
Detroit, Mich.

I was called in consultation Saturday, Dec. 19, last, to see Mrs. S.——, aged 23. German, married, four children. Children had been having grip, which called for considerable attention on her part. She, too, had just recovered from grip. Was taken at 3 o'clock that morning with a most violent pain in right eye, and immediate blindness. Was seen during the morning by her family physician, who found her "suffering severe pain, eye red and blind." I saw her about 5 p. m., some 14 hours after attack; found conjunctiva injected, lids hyperæmic; cornea clear, iris ashy color, pupil contracted and pupillary area milky. No reflex from fundus with ophthalmoscope. Prescribed hot fomentations, atropine and morphia. I saw her again Monday p. m., 48 hours later. The eye was a perfect picture of panophthalmitis; exophthalmos, chemosis, cornea clear, iris not dilated, the atropine not having had any effect; temperature 103. Case was sent to hospital, and poultices ordered, together with anodynes and cathartics. A week later, notwithstanding the fact that the œdema of lids and conjunctiva were lessening, patient had a chill lasting one-half hour, vomited, and temperature jumped to 105. I incised the sclera for one-half inch between the external and inferior recti muscles and a a full teaspoonful of green pus escaped. I took some of the pus to the Detroit Clinical Laboratory, where examination by Dr. Sill showed streptococci and staphylococci in abundance. When I first saw the case on Saturday I told the family physician I thought it was metastatic, but he knew of no possible fountain head; two days later he informed me that the patient had gone two weeks over her time and thought she had aborted. I found subsequently she was having a bad-smelling vaginal discharge, which was entirely relieved by bichloride injections. I regret that I did not get an examination of the vaginal discharge. The patient made a good recovery, (i. e., as recoveries go in such cases), under 20-minute hot fomentations twice a day, and daily bichloride injections 1-3000 in the vitreous chamber. I consider the case a panophthalmitis due to a septic embolic infection.

*Written for the Detroit Medical Journel.

32 Adams Avenue West.

A PLEA FOR ALKALOIDS.*

By S. J. WILSON, M. D.,
Detroit, Mich.

From the time of the discovery that every vegetable used in medicine contained a small percentage of an active principle, usually an alkaloid, the tendency has been towards alkaloidal medication. The alkaloids are possessed of definite chemical composition in an absolutely pure state, and of definite and unvarying effects. They can be divided into exact amounts. The dose can be measured with mathematical precision, hence is small and always reliable, which cannot be said of other preparations where the plant is used. Again, all other forms of medicine from the vegetable kingdom contain large amounts of resin, tannin, coloring and other extract-

*Written for The Detroit Medical Journal.

ive matter, which is unpleasant to the taste, and often nauseating. This waste material is not only worthless and unpleasant, but irritating to the stomach and offers many dangers and disadvantages.

Then, why burden a patient with these dregs? Why further tax the eliminative organs which are already overworked in trying to free the system of the many poisons and waste which are present in the body of every patient? How much do the pounds and gallons of this waste and worthless extractive matter poured down the throats of sick people have to do with prolonging disease and originating complications?

Again, in taking the whole drug in any form, the fluids of the stomach and body must do a certain amount of chemical work before the akaloid is set free and allowed to act, which is a further tax upon the patient. It also takes time, and for this reason a larger dose is required, because in the system, the aklaloids are liberated more or less gradually, hence the effects are not equal to the same amount taken in a pure state. Again, when given in small doses frequenty repeated until effect, there will be no over or underdosing, whether the patient is large or small, old or young, strong or weak. This cannot be said in any case of the whole drug, with larger doses and longer intervals; because a minimum dose might be altogether too small in one case, and a maximum dose altogether too large in another. Viewed from any standpoint, the alkaloids possess many advantages.

It is often thought that alkaloids are too dangerous for general use, yet in using vegetable remedies every doctor must depend upon them to cure his patient. We have stated that the alkaloids give definite dosage, and preparations of the whole plant do not, because the percentage varies. No two specimens are exactly alike, even when manufactured by reliable firms. Then what shall we say of those that are unreliable, and of the thousands of druggists throughout the country who manufacture their own preparations? The druggist may be ever so honest, but does he know how much of the alkaloid his preparations contain? In the process of manufacture does he exhaust the drug? Does he know how much of the alkaloid the crude drug contains? No. Then may not one pound of tincture of aconite or tincture of belladonna be twice as strong or four times as strong as another? Yet a great many physicians use just such remedies every day.

Some drugs contain two or more alkaloids, and in some cases their action is directly opposed to each other. By what system of reasoning do we give fluid extract of jaborandi with its two alkaloids, one to aid elimination, or produce violent perspiration if needed, and the other to check it? By what system of reasoning do we use fluid extract of digitalis with its several alkaloids, some of which have long been acknowledged to be worthless, if not dangerous?

Some doctors do not use alkaloids because they claim they do not understand them. This is not because such knowledge is difficult to understand, but because the doctor does not give attention to it. With the help of Shaller's Guide any one can understand all about the first effects in a few days, and then it will appear so easy and simple that he will wonder he did not know it before. Every doctor should understand the first symptoms or effects, whether he uses alkaloids or not.

Others refuse to use alkaloids because "it looks like homeopathy." Although, in size the alkaloidal pill may compare with the sugar pill of the homoepath, if a skep-

tical bystander is given a granule of strychnine or quassin and directed to chew it, the doctor can rest assured that no one in that neighborhood will ever again charge him with being a homeopath.

Alkaloids should be given in solution. Dissolve the granules in sufficient water, add a little saccharin if needed, have some blank labels with your name, write the directions and paste on the tumbler. This gives plenty of bulk, is easily taken, prevents mistakes, and leaves the doctor's name as a guarantee. The writer has used alkaloids for 10 years and has yet to discover the first suspicion of homeopathy, created in the minds of the people.

Every physician already uses strychnine, atropine, quinine, morphine and other alkaloids, and the present plea for alkaloidal medication is only for carrying the practice a little farther; the principle is exactly the same. In using the alkaloids, chemical and pharmaceutical incompatabilities are impossible, because of the freedom from tannin and other extractive matter mentioned. Add to this accuracy of dosage and certainty of effect, the improvement in appearance and taste, and it places the alkaloids far in advance of any other class of medicinal preparations.

88 High Street West.

SHOULD A PHYSICIAN DISPENSE?*

By F. G. SCOTT,
Detroit, Mich.

Not belonging to the honored profession of medicine, it becomes necessary for me to quote from the lips of those who, while they do not care for the gain that comes from dispensing their own prescriptions, will gladly give ear to anything that will aid them in their combat with disease. From many and varied sources come unmistakable evidences of a radical change in the feelings of the profession regarding the dispensing of medicine direct to the patient by the physician himself. One has only to read the pages of medical and pharmacal journals and note the discussions along this line. If added proof were necessary, one has but to study the prescription file of today and compare it with those of past years. Why is it that in both east and west there are a score of new manufacturing houses that cater directly to the physicians' trade? Simply that the demand exists and the physician of the future will dispense because the system is better, safer and more satisfactory to the patient.

Few physicians practice the art for their health, and though holding the welfare of their patients at heart and of primal importance, still ask themselves the question, "Will it pay?" Does it not involve too much expense without return?" "Are there not chances for grave errors?" "Will it not add to my burden rather than lighten it?" Quoting again from my interviews with hundreds of dispensing physicians, I do not find that any of the objections hold good. One reason why the old doctors abandoned dispensing was because of the labor, time and skill necessary to prepare the extracts from plants and the liability to mistakes in guessing at different doses at the bedside.

What wonderful changes there have been since then and what an advance in pharmacal skill! To-day, such is the progress along this line, in tablet, tablet triturate and granule, one can carry the equivalent of a quart of syrup of ipecac and last, but not least, in accurately divided doses. While medicine and surgery have advanced, the art of pharmacy has kept ever at their side.

*Written for The Detroit Medical Journal.

To-day we have manufacturing houses where perfect apparatus and the highest skill combine to furnish the physician with his remedies of a purity and elegance wholly unknown to practitioners of a decade or more ago. To the physician in the small towns of our country, the necessity of dispensing is unmistakable, but whether in city or country dispensing by the physician direct to the patient is advisable in almost every instance. The following reasons are adduced in advocacy of the practice:

First, Certainty of results.

Second, It is in almost every case more satisfactory to the patient. The very fact that the sick one calls on you, doctor, for relief is proof that he has confidence in you. Your personality has much to do with your patient's welfare. If you prepare for him his medicine, his confidence is increased and doubts will not arise over impurities in the prescription or possible mistakes in its preparation by the druggist. Changes can be more easily made in the treatment. A new prescription attracts attention, while the dispensing physician may change or modify without consulting anyone. Looking at it from a financial standpoint, how many physicians are there who are called for but once, and, the patient having obtained the prescription, say for some one of the score of minor ailments, proceeds to have it filled and refilled indefinitely and hands it down to future generations? It then has all the vogue of Peruna and Pinkham's compound, and the added value of your hard-earned skill and reputation. From years spent behind the prescription counter in large cities I can testify that it is on the "refills" that the pharmacist makes his money.

The writer calls to mind a prescription he once refilled for the *grandchild* of the one for whom it was written. The aged gentleman had gone to his reward many years before. In that case it was a prescription for rheumatism, but space forbids and it is unnecessary for me to enumerate the "good ones" that are passed along the line without one cent of profit to the doctor, except the first paltry dollar for which it was dritten. In no other way can a physician so well control his practice.

Though there may be an occasional loss by a patient not paying for medicine or services, the loss will be more than made up by others whom patients will recommend to seek your services. As a dispenser, they will be compelled to prescribe your skill, whereas if you had given them a prescription it is always "Just take my bottle and get it refilled. It cured me and I'm sure it will help you." In conclusion, doctor, I would say the necessary therapeutic line is not a large one and I am sure if you will give "Dispensing" a trial you will echo the remark of one who said: "I'll always give my own medicine, as it pleases the patient and is profitable to me."

616 Trumbull Avenue.

FOREIGN NOTES.

Dr. A. W. Ives has returned from his summer trip, and in connection with his work in Vienna he reports that he had the opportunity to enjoying the hospitality of Prof. Dr. Adolph Lorenz at the latter's villa on the Danube, in company with the other members of the Anglo-American Medical Association. The party numbered about eighty, and Dr. Ives describes the trip as follows:

"About eighty American physicians met at the city depot, near the Allgemeinenkrankenhaus, where we did our studying, and took the train for Altenberg on the Danube, about fifteen miles

from Vienna. The ride there, along the banks of the swift-flowing Donau, is very charming.

"In our party were about twenty ladies, two American doctoresses, and the others the wives of those who were fortunte enough to have their wives on this side of the Atlantic. Prof. Lorenz, dressed in negligé, met us at the station, shook the hand of each gentleman in the party, and according to the good old German custom kissed the hand of each lady. After this ceremony he led the way through a beautiful forest up the hill-side for a twenty minutes' walk. Suddenly we emerged from the woods onto an open field, where we were greeted by Frau Lorenz, her sisters and nieces, by a large Austrian flag and by a large bower, under which they served us beer, wine, lemonade, seltzer water, tea, coffee and so on to drink, with fruit cake, buns, etc., to eat. A typical Vienna musical combination, consisting of an accordeon, two violins and three men to sing, whistle and clap their hands in time to the tune, made good music. All this took place on top of the hill some 1,000 feet above the Danube, which could be seen threading its way through the valley below for many a mile. The view was grand. We remained there, drinking, eating, singing and taking photographs for perhaps an hour. Then the little 10-year-old son of Dr. Williams, of Minneapolis, took the American flag, the pretty little 8-year-old niece of Prof. Lorenz, dressed at a Bauer-Mädchen, took the Austrian flag and led the procession down hill by another path, past the quaint peasant village of Altenberg, to the Villa Lorenz.

"It is really a beautiful palace, situated in the midst of beautiful grounds. We rested a while in his parlors, which surround a large hall, about forty feet square. The ceilings and walls are beautifully frescoed with paintings of Summer, Spring, Autumn and Winter, mostly life-size, in the nude. From the second story of this large hall open the different sleeping rooms of the house, all of which are large, with an outside exposure. Our host read us a very pretty speech in English, praising the American in general for his push, energy and intelligence, and the American physician for the prominent stand he is now taking in the world. He also spoke again of the great kindness and courtesy shown him when he was in America.

"His speech was responded to in a fitting manner, in which the speaker said that after seeing this beautiful home and the easy cordiality of its 'Einwohner,' he could understand how impossible it would have been to keep Dr. Lorenz in America, as so many wanted to do. He added that he *felt* the 'gemüthlichkeit,' for which Prof. Lorenz had told us there was no corresponding word in the English language, and that he was going to see that the word was put in the next edition of our dictionary. Then, he said, perhaps Dr. Lorenz would remain with us.

"In the garden, under the trees, a sumptuous lunch was spread, and here we ate and drank for nearly two hours. Then the tables were removed and we had some native dancing, native and American music and, later,dancing by us Americans on the smooth concrete floor of the tennis court. Sky rockets were sent up, we sang, gave college yells and left in time to be home by midnight. Prof. Lorenz himself is most genial, the personification, I should say, of 'Gemuthlichkeit.' "

Wisconsin is planning to establish a colony for the treatment of tuberculosis, which will be located near the city of Milwaukee.

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PRACTICE AND THERAPEUTICS

FRANK BURR TIBBALS, M. D., Editor

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Criminal Abortion.

The recent trial and conviction in this city of a young practitioner for the crime of criminal abortion, brings freshly to mind a topic, loathsome though it be, which is brought to notice too frequently to entirely escape editorial discussion.

By criminal abortion the law understands the use of instruments or drugs for the purpose of emptying the uterus of its contents, and makes no distinction in degree of criminality based upon the age of the embryo, as the laity so often do. Hence, to empty a uterus one week pregnant by emmenagogues, is as criminal an act as to induce labor at the seventh month by sound or catheter. The law, however, grants to physicians after consultation, the right to induce abortion to save the life of the mother, as sometimes becomes necessary in cases of pernicious vomiting, albuminuria of pregnancy or obstruction of the pelvic outlet by tumor or deformity.

It is the one shameful thing of which the medical profession stands unpurged, that in every large city, and often in the towns and villages, men can be found who knowingly and wilfully violate the laws of their state and the code of honor of their profession and sell their souls for a little filthy lucre by committing this crime. We have no means of ascertaining how prevalent abortion is, but there is little doubt that in frequency it is the crime of the age, and strikes at the very vitals of our American life. It and its attendant sepsis are prime factors in "race suicide," and the widespread knowledge of the resources of the abortionist is a powerful incentive to sexual immorality among the unmarried.

Hence, the wolf in sheep's clothing, who masquerades as a physician, when in reality he is a murderer, is a twofold menace to society, since he kills many heroes, though still unborn, and breaks down the strongest barrier of virtue by rendering easy the escape from the consequences of wrong-doing.

Unquestionably the sexual passion is the strongest passion of human as well as animal life. Unquestionably, too, the best interests of the human race demand early marriage and the rearing of such offspring as Heaven may send. It follows that the advertising and sale of abortifacients and the work of the abortionist constitute a crime against all classes of society—against the body politic—and nothing is needed but an awakened public sentiment to check both evils.

Adequate laws are now on the statute books. Why not enforce them? Michigan's so-called "nasty ad" law, passed as a rider to the present medical act, has been effective in suppressing such advertising from this state, yet the daily papers are full of offers of preventives and monthly remedies from beyond the border, and it is evident that other states must likewise legislate against this evil before it can be eradicated. Then, the law must be enforced to prevent the at present universal sale of such compounds at drug stores. There yet remains the

chief offender—the abortionist. What should be done with him? First, strip off his cloak of decency and drive him into the open where he belongs, unprotected by the unspotted banners of the medical profession, and *WATCH HIM*. Sooner or later every man engaged in that nefarious business oversteps the bounds of safety, and is in danger of discovery. The medical profession has never countenanced this crime nor in any way protected those who commit it, and never will. Nevertheless, conviction for criminal abortion is always rendered difficult because the dead tell no tales and the living are sufficiently grateful to the man who is a criminal in their behalf to commit perjury, if need be, to protect him.

To an overcrowded profession may be charged primarily the birth of the abortionist, for few men become criminal in our profession from deliberate choice. It is usually the broken-down alcohol or drug habitué, the disappointed and unsuccessful practitioner, or the young man just slowly climbing the hill, who yields to temptation. Then, "Facilis descensus Averno."

In entering the practice of medicine the young man quickly discerns two paths. "Straight is the path and narrow is the way" which leads upward and it is sorely crowded; "Broad is the road and wide is the way" which leads to destruction," but thanks to the grand old code of honor to which we yield allegiance, few, comparatively, there be that deliberately choose it, or travel far in it.

Every beginner has this option thrust upon him, whether to join the ranks of the decent, honest strugglers or to take the way which looks easy.

There is an almost inexplicable esprit de corps in our profession which gives rise to a feeling of sorrow, if not sympathy for the man who has chosen wrongly, and a sense of duty toward the young practitioner and the unsuccessful one, which comes to at least some of us. If we all did our duty in extending a hand to the weak and faltering perhaps the failures would be still fewer.

Is a Commission Ever Justifiable?

Emory Lanphear, discussing this matter editorially in the *Journal of American Surgery and Gynæcology*, gives some pertinent illustrations of the relations between family physician and specialist which are at any rate interesting reading and states his personal conclusions as follows:

"After a most careful study of the subject (from the standpoint of one who has been a country doctor as well as city specialist), I have reached these conclusions: (1) In ordinary consultations no division of the fee should be thought of; (2) In cases simply "referred" to the specialist for treatment no division of fee is usually proper; (3) When specialist and doctor jointly attend a patient, division of the fee is honorable and just—no attempt being made to conceal the transaction from the patient; (4) When the specialist operates in the home of the patient, in city or country, and the physician assists and assumes the responsibility of the after-treatment, it is the duty of the operator to ascertain whether or not the regular attendant has been, or will be, paid sufficiently well for services rendered—if not, then divide the free equitably; (5) When a physician leaves his practice to accompany a patient to the city, in order that a competent specialist be secured, it is right for the specialist to find out whether or not the doctor has been, or will be, paid for his time and trouble—if not, then divide the fee in proportion to value of services rendered. In other words it is never right for the "great specialist" to get all the money and the regular attendant get nothing; both de-

serve more money than they ever get—but the 'home doctor' is the one who usually suffers most."

It is doubtless true, as Lanphear states elsewhere, that in some instances the patient suffers from the desire of his physician to retain the management of his case when a competent specialist could render better service. This would be obviated if a closer reciprocity existed between physician and spcialist, not necessarily by any direct or even indirect division of the fee, but by a division of the responsibilities and care of the case, which would justify the attending physician in presenting and collecting a bill on his own account. Then, too, there is room for a closer hewing of the line separating the specialist from the general practitioner. There is little justification for the man who poses as a specialist before the profession attending families referred to him as a consultant, making life insurance examinations or seeing all sorts of cases in his office practice. When the specialist realizes more fully that the general practitioner, too, needs food and clothing, and limits his practice closely to his specialty with "hands off" from those conditions which rightly come within the province of the general practitioner, there will be better co-operation and no desire on the part of the family physician to share any fee which he has not himself rightly earned.

The Non-Survival of the Fittest.

One fact has been brought home with startling force to the historians of medical matters and that is the large number of deaths in the profession among brilliant and successful men, which are the result of nervous prostration, brought on by over-work. The cause for this is not far to seek. There is room at the top in the profession of medicine, as there is elsewhere, and those at the top are burdened with more than their fair share of work. Like true physicians, they are ambitious, and the result is that they undertake to do more than they should.

It is a sad spectacle, this contemplation of men not yet middle-aged, dropping down from nervous exhaustion and suddenly leaving a world which they were daily growing more and more fit to serve. In the very face of their own good advice to patients they neglect their own health to such an extent that death results. Refusing to themselves the care which they bestow upon those under their charge, they assume more work than they are physically able to perform, and the inevitable happens.

The remedy for this lies in a betterment of the conditions under which physicians prepare for practice. It is true that there will always be men, divinely gifted, who will outstrip their fellows in the race to do good to humanity; but it is perhaps equally true that under more stringent regulations providing for the entrance requirements into institutions of medical learning, there would be less of a contrast than is now noticeable, to the end that patients would not all seek the same man in one large locality. What we need is not specifically better doctors, nor is it to be conceived that we need more doctors. But, if we had more better doctors, the burdens would be divided with something more nearly approaching evenness, and all men would have a better chance for the pursuit of happiness.

The trend of modernity is toward the extinction of the individual, except in so far as Nature creates men of differing capacities and ambitions. Members of the medical profession, like the soldier, are accustomed to looking forward to losing their lives in the discharge of their duty almost as a matter of course. It is

said to be better to wear out than to rust out. This is possibly true, but the man who dies of over-work is just as dead as he who loses his hold on life through sheer ennui. With better conditions governing the entrance of men and women into the medical profession, there would be a distinct lowering of the mortality from either cause.

EDITORIAL NOTES.

The leading article in The Arena for July is "The Confessions of a Dipsomaniac," edited by William Lee Howard, M. D., of Baltimore, Md. The text excellently carries out the suggestion of the title and Dr. Howard has supplied a number of psychological facts suggested by the "Confessions." It may be remembered that Dr. Howard was the author of a book named "The Perverts," which was published by Dillingham and reviewed in the Journal for October, 1902. It may be doing the author an injustice to state that there are many points of resemblance between the two literary works, one from his own pen, and one edited by himself, but such is the fact. The writer of the "Confessions" is a well educated man, a journalist, cursed with a mania for drink, and his recital of the tortures to which his condition subjects him is a powerful plea for the recognition of this affection by the members of the profession, and, incidentally, by the police.

The thirtieth semi-annual convention of the Northern Tri-State Medical Association, embracing Michigan, Ohio and Indiana, was held at Adrian, Mich., on July 25 last, with a large attendance. Papers were read by Drs. C. L. Treat, of Adrian; Hal. C. Wyman, of Detroit; William J. Gillette, of Toledo, and Miles F. Porter, of Fort Wayne. The following officers were elected for the ensuing year: President, George W. Stone, of Elkhart, Ind.; vice president, J. R. Woods, of White Pigeon, Mich.; secretary, E. T. Morton, of Adrian, Mich.; treasurer, S. G. Holbrook, of Coldwater, Mich. The next meeting will be held in Toledo, next December.

With the appropriation of the sum of $10,000 by the Board of Estimates and Apportionment, of New York City, last month, for the purpose of giving the Board of Health funds with which to fight the scourge of pneumonia, it is to be expected that something will be accomplished, although the sum is still far too small. Commissioner Darlington has planned to secure the services of some of the most eminent specialists in the country for a commission to investigate the causes of the disease, and among those who will probably be invited to the work are Dr. Edward G. Janeway, Dr. T. Mitchell Prudden, Dr. William H. Welch, Dr. William Osler and Dr. Theobold Smith. The number of deaths from pneumonia has been steadily increasing for the past thirty years.

Col. W. C. Gorgas, chief sanitary officer of the Panama Canal commissioner, estimates that three hundred physicians will be required for the care of the workmen engaged in the matter of cutting the new canal through the isthmus. He has already sailed for the scene of operations, and in the work of organizing the corps he will have the assistance of Maj. LeGarde, Dr. John W. Ross, Dr. Henry Carter and Joseph LePrince. The physicians, it is believed, will be recruited largely from civilian ranks, although a number of government surgeons will draw important positions. Young and active physicians with hospital experience

are to form the material from which the requisite number of men will be recruited.

The date of the next A. M. A. meeting at Portland, Oregon, is July 11-14, 1905. The trip to the coast at that time of year by the northern route is not unpleasant, and an ideal vacation outing can thus be arranged. The climate of Oregon and Washington is delightful in summer and the natural beauties of scenery will well repay everyone making the long journey. We predict an attendance surprisingly large.

The association has met twice before in San Francisco, but never in the northern part of the Pacific Slope region. Side trips to the Hawaiian Islands, Alaska, or the Yellowstone Park offer an additional attraction.

The New York School of Clinical Medicine announces the following changes in faculty: General medicine—Profs. Wm. Brewster Clark and Henry Lawrence Schively; Asso. Profs. Thos. M. Acken and Edw. L. Kellogg. General surgery—Prof. Simon J. Walsh and Asso. Prof. J. Cameron Anderson. Gynecology—Profs. Augustin H. Goelet and A. Ernest Gallant. Pediatrics—Profs. Dillon Brown and Henry Comstock Hazen. Nervous and mental diseases—Profs. J. Arthur Booth and Emmet C. Dent. Gastro-intestinal diseases—Prof. Robert Coleman Kemp. Ophthalmology and Otology—Profs. John L. Adams and George Ash Taylor. Dermatology—Prof. Robert J. Devlin. Laryngology and Rhinology—Prof. Max J. Schwerd. Orthopædic surgery—Prof. Edward W. Gaidrotherapeutics—Prof. Edward W. Gardiner. Genito-urinary diseases—Profs. Wm. K. Otis, Walter Brooks Brouner and John von Glahn. Pathology—Prof. E. E. Smith.

An interesting, if somewhat pathetic reminder of the death of Dr. I. N. Love, of *Love's Medical Mirror*, is found in the fact that his widow has been obliged to bring suit against Mrs. George Law, who was Dr. Love's last patient. Mrs. Law is a wealthy American, who spends much of her time in Paris, where she is a leader in the American colony. Dr. Love operated on her for appendicitis about a year ago, and afterwards accompanied her as her physician to Paris. On his return trip he was seized with apoplexy and died just as the ship was entering the harbor of New York.

Mrs. Love has entered suit in the sum of $5,610 against Mrs. Law, and her attorney has had an attachment levied against the Law estate. The estate amounts to several million dollars.

Dr. Harry A. Eberle, a surgeon in the United States army, with the rank of captain, claims to have been able to isolate and identify the specific bacillus of dengue. During a period of twenty months, while he was stationed at Jolo, in the Philippines, Dr. Eberle made exhaustive researches, with abundance of clinical material at hand, owing to the presence of an epidemic of dengue. He describes the microbe as resembling very closely that of malaria and states that the system is inoculated with it as the result of a mosquito-bite. He has prepared a detailed statement of his work and has forwarded it to the surgeon-general. Previous to his entrance into the army, Dr. Eberle made the study of malaria his specialty. In his work on the matter of discovering the best methods of exterminating mosquitoes, he discovered that the insects thrive well in trees, particularly in the cocoanut and the papaya trees, as well as in pools of water and in swamps.

With that thoroughness and systematic action which characterizes all their official work, the German police have begun a campaign against quacks and quack medicines. Their carefully compiled statistics show that in ten years' time the population has increased 58 per cent., regular practitioners 76 per cent. and quacks 1,567 per cent. Of the latter there are more women than men. Many of the quacks of both sexes have police records; nearly 30 per cent. of the men brought before the police bureau have been in jail, and about 15 per cent. of the women have had the same experience. More than 100 samples of the medicines used by quacks have been analyzed by the police, and of these more than eighty were found to have no medicinal value whatever. It is discouraging to note that the increase of regular practitioners over the increase of the population is eighteen per cent. No wonder that Germany is put to it to find places in which some of her younger medical graduates may practice.

Recent results of some of the state board's examinations in medicine lead to the conclusion that applicants are not so well prepared as they formerly were. Dr. Henry J. Beates, president of Pennsylvania's state examining board, lately commented at some length on the evidences of this fact. Out of 379 applicants for a license to practice medicine in Pennsylvania, seventy-three failed. This is nearly twenty per cent. of failures, and shows either that the examinations are more difficult or that the applicants are not up in their work.

President Amador, of Panama, has appointed the following officers for the fourth Pan-American Medical Congress, to be held in Panama the first week of January, 1905: President, Dr. Julio Ycaza; vice president, Dr. Manuel Coroalles; secretary, Dr. Jose E. Calvo; treasurer, Dr. Pedro de Obarrio—and the following committeemen: Drs. J. W. Ross, J. Tomaselli and M. Casteazoro. There will be four sections, with the following officers: Surgical, Maj. Louis LaGarde, president, Dr. E. B. Harrick, secretary; Medical, Dr. Moritz Stern, president; Dr. Daniel R. Oduber, secretary; Hygiene, Col. W. C. Gorgas, president; Dr. Henry E. Carter, secretary; Specialties, Dr. W. Spratling, president; Dr. Charles A. Cooke, secretary.

Unless reports from the front are in error, the Japanese were not far wrong in telling Dr. Nicholas Senn that their medical corps was well equipped, when he made offer of services. Advices from Chefoo state that under the present system of treatment with first-aid bandages and antiseptics, the Japanese losses from men dying of wounds are remarkably small. On one hospital ship transporting wounded to Japan there were 2,200 invalids, and not one death resulted on the trip. These men had received first aid treatment only. It is estimated that three per cent. will cover all the deaths of wounded who have returned to Japan after having been treated in the field. This speaks well, not only for the condition of the men, but for the excellence of the supplies furnished.

A St. Louis judge has recently expressed the opinion that the financial circumstances of the patient ought not to be considered by the physician in his charge for services, the opinion being that the nature of the service, the seriousness of the complaint, the skill and time required and the result obtained are elements to be considered and not the wealth or poverty of the patient. However just this

decision may be in itself, it certainly would be a great hardship to the poor if they were charged the full value of a famous surgeon's time. Despite this and similar opinions from the bench, the fact remains that in all physicians' charges the ability of the patient to pay must always be an important factor.

Chicago's health department calls attention to some gratifying figures touching the mortality of typhoid and that of acute intestinal diseases before and after the construction of the new drainage channel. They are well worth noting. In the four years previous to the opening of the channel, the deaths from intestinal diseases amounted to 8,119, and there were 2,266 fatal cases of typhoid. As against a death-rate of 16.41 per 1,000 from intestinal diseases before the opening of the canal there stands for the next four years one of 12.44. In typhoid the figures are 3.68 and 3.10 respectively.

Dr. Frank B. Ambler, of Northville, Mich., died at Harper Hospital, Detroit, August 7, of appendicitis, complicated with peritonitis. Dr. Ambler was a native of Northville, where he was born December 18, 1866. He graduated from High school at the age of 18, was a graduate of the chemistry department of the Agricultural College and of the pharmacy college of the University of Michigan and received his medical degree from the Denver Medical College. After graduation he made his home in Denver for a number of years, but after his marriage in 1900, he returned to Northville in November of the following year. He is survived by a widow and one daughter.

Dr. Howard R. Swayne and Dr. G. Betton Massey, of Philadelphia, are reported to have met with success in a new treatment of cancer. The patient is placed in a cot prepared as an electric conductor, with clay surfaces applicable to the back. Several large electrodes of zinc, heavily plated with mercury, are placed in contact with the growth, near its margin, and a gradually increasing current is applied, in one case a strength of 1,400 amperes being attained. Under a moderate current, disintegration of the zinc and mercury takes place and it is said that their combination with the oxygen and the chlorine of the growth produced beneficial results on the latter.

If the young men who are planning to take up the study of medicine will read carefully the discouraging statistics that are constantly being published, it may give them pause. Now the London papers are calling attention to the fact that the average honorarium paid to London hospital house physicians is $370, in addition to board and lodging. At some of the largest hospitals, like St. Barthomew's, no salary is paid and the young men have to pay their own living expenses.

There is a movement on foot to supply the medical profession with a serum for the prophylaxis and cure of rheumatism, made from the stings of bees. A Philadelphia firm has gone into the business on a large scale, and has been making wholesale orders of stings in the southwest.

Dr. Eugene Smith, of Detroit, Mich., has been elected third vice president of the American Academy of Opthalmology and Oto-Laryngology. The action was taken at the organization's meeing in Denver, Col., August 27 last. It is possible that the next meeting may be held in Detroit.

NEW INSTRUMENTS AND DEVICES.

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

New Retractor for Mastoid Operation.

In the June issue of the *Physician and Surgeon*, Dr. Emil Amberg, of Detroit,

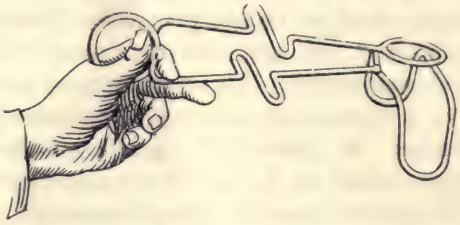
has a brief article descriptive of a new retractor recently designed by him. The illustration gives an excellent idea of the nature of the instrument, which differs from those commonly in use in that it has a slender, elongated middle piece. The object of the latter is "to keep just enough of the cutaneous canal away from the osseous canal so that the spina supra-meatum and a small portion of the upper and posterior osseous canal are exposed during the operation. While the main part of the retractor is holding the auricle forward, the prolongation serves the latter purpose."

An evident advantage of this is that during the course of an operation the land-marks are always in view, and by this means the time of operation is somewhat shortened.

The instrument is nine inches long, and retails for $4.00.

Novel Skirt Retractor.

This device is the design of Dr. Z. L. Badwin, of Niles, Michigan, who originated it in response to a demand which he felt existed for something that would quickly arrange the clothing of a patient



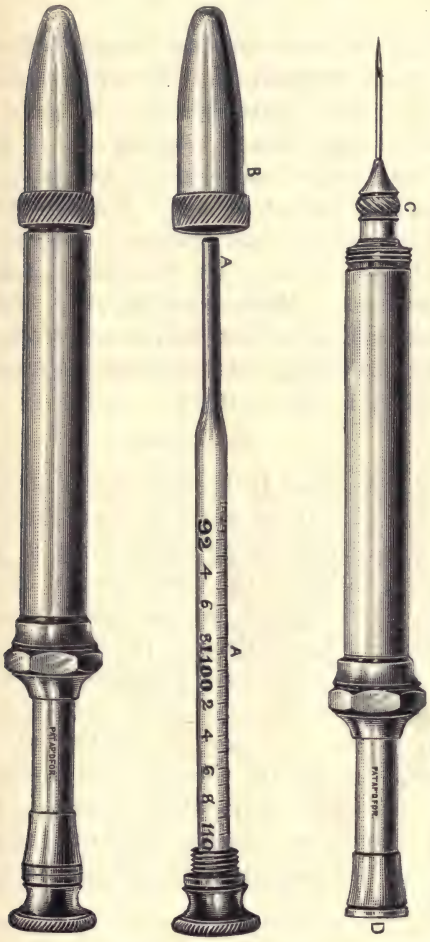
for a gynecological examination or treatment. The present form which we represent is an evolution from several which Dr. Baldwin tried at first, but discarded because he did not feel that they fully met the requirements of the case.

The retractor folds the clothing entirely out of the way, gives ample room for light and treatment, and avoids undue exposure and embarrassment. It is made of heavy spring wire and is nickel-plated.

The retractor retails for the sum of $1.50, so it is well within the reach of everybody.

Thermometer and Hypodermic Syringe Combined.

The three cuts reproduced herewith represent one of the most compactly sen-



sible services that has been brought to the attention of the profession in a long time. Little description is necessary, for the illustrations speak for themselves. By them the device is shown full size, and its advantages are self-apparent. A screw-cap protects the non-corrosive platinum needle, and the thermometer is carried snugly inside the piston of the syringe, where it takes up no room and is efficiently protected from jar or injury. The syringe has a metal piston and barrel, and the whole device is exceedingly handy and practical.

With a fine 1-minute thermometer the device costs $2.25, and with a half-minute thermometer it costs 25 cents more. It is fully worth the price.

Artificial Amniotic Sac.

This was designed by Dr. Frank B. Earle for the purpose of demonstrating to students and nurses the dilatation of

the os and the descent of the membranes. In use the operator pinches the lower end of the outer tube between thumb and finger, taking care not to engage the inner bag, and inflates the sac through the stopcock until it is distended to a diameter of about four inches. He then releases the end of the outer tube, and continues inflation until a diameter of about six inches is attained.

Now the stop-cock is shut off and gentle but firm pressure is made at the fundus, making several stops for rest in the progress of this. The technique is simple and easily learned, and the device is valuable for giving a correct diagrammatic representation.

In the cut, Fig. 1, shows sac filled, but not distended; Fig. 2 shows sac filled,

with artificial membrane protruding at cervix; Fig. 3 shows the sac protruding through the fully dilated cervix. The device retails for $1.00.

Chicago, having successfully passed through the worst single month in the year with a mortality of only 14.69, triumphantly reports that she will have the lowest death-rate on record for 1904. The completion of the arrangement for having the sewers that now empty into the lake diverted so as to flow into the drainage canal will, it is expected, lower still further the percentage of deaths. Chicago is certainly making great and greatly needed advances in her hygiene.

The valuable qualities of the Ohio laws for the protection of public safety are further demonstrated by a decision recently made by Health Officer Davis, of Cincinnati, who has announced that he will refuse to recognize certificates of death when signed by osteopaths or Christian scientists. The legal adviser of Cincinnati's health department has informed him that, under the law, he is not obliged to do so.

The first day of the month marked the opening of the Detroit Post-Graduate School of Medicine, the sessions of which are held in the building of the Detroit Clinical Laboratory. There has been for some time an excellent field for an institution of this kind, and the new school should be a success. The faculty of the school includes Drs. Walter R. Parker, F. W. Robbins, C. G. Jennings, David Inglis, B. R. Shurly, Andrew P. Biddle, Preston M. Hickey and B. R. Schenck. The aim of the institution will be to teach the most modern and approved methods of diagnosis and treatment.

Dr. George Krausman, of Detroit, married Miss M. Avilla Hayes, of Saginaw, Mich., at the home of the bride, on August 17 last.

The sixteenth annual session of the Tri-State Medical Society, of Alabama, Georgia and Tennessee wil be held at Chattanooga, Tenn., October 12, 13 and 14 next, under the presidency of Dr. F. B. Sloan, of Cowan, Tenn. Headquarters will be at the Read House. Addresses will be delivered by Dr. William J. Mayo, of Rochester, Minn., and Dr. A. J. Ochsner, of Chicago. Dr. Raymond Wallace, Loveman Bldg., Chattanooga, Tenn., is secretary of the society.

Dr. Raymond D. Sleight, who has been for the past three years demonstrator in the department of ophthalmology at the medical college of the University of Michigan, has resigned, to take up private practice in Battle Creek. Dr. Sleight was Dr. Fleming Carrow's assistant for three years, and is popular with the student body. His resignation, following so closely that of Dr. Carrow, will possibly have the effect of crippling somewhat the department, considering the fact that the date of opening the university is so near at hand.

Chicago is certainly up-to-date. The Harvey Medical College Alumni Association, after a special meeting, has decided to build and equip a hospital on wheels, the whole to be moved about by an automobile. It is to be as large as is practicable, and it is the intention of the alumni association to make it free to patients who cannot afford to pay. When completed the automobile hospital will be used by Harvey College, until the Iroquois Memorial Hospital is erected, when it will be given to that institution.

PROGRESS OF MEDICAL SCIENCE

The Effect of Operations for Uterine Displacements Upon Subsequent Pregnancy.

H. P. Ritchie (*St. Paul Medical Journal*, August, 1904), reviews 154 cases, in 21 of which pregnancy subsequently occurred, and draws the following conclusions:

First: Fixation by broad attachment of the uterus to the abdominal wall in a woman of the child-bearing period of life is contra-indicated without the employment of accessory procedure to prevent subsequent pregnancy. In cases where pregnancy is not to be considered it should be the operation of choice.

Second: The objection to the suspension operation lies in the difficulty of obtaining the happy medium of a sufficiently strong attachment to give the surgical result and a ligament so placed as to be non-obstructive to uterine growth, with the great probability that the effect of the operation will be nullified by the successful outcome of the pregnancy.

Third: The use of the round ligaments in any way suggested offers no obstruction to enlargements of the uterus and the discussion on their use must be limited to the methods best suited to obtain constant support to the uterus.

Fourth: Since experience has shown that the uterus by its own weight will pull away from the artificial ligament when attached anteriorly to the face of the fundus, so should it pull away from the round ligament if so attached.

Fifth: So far, the round ligament sewed to the posterior wall, although the cases are comparatively few, seems to meet the requirements.

The Value of Non-Operative Local Treatment in Gynaecology.

Ford (*American Medicine*, August 20, 1904), while giving full credit to the operator points out that too frequently the results are not entirely satisfactory and that many women are subjected to operative procedures who would be better without. There is a large class of women who suffer from the annoyance, irritation and discomforts of simple ailments without any menace to life, who become professional invalids or neurasthenics. These patients are relieved but not cured by operative measures, because the nervous habit has become established during the gradual development of the pelvic lesion, and it is then too late to more than restore anatomical conditions; but this does not cure. These cases should be treated early by medical gynæcology before the nervous equilibrium becomes disturbed, for the judicious use of local treatment, hot douches, tampons or pessaries, will often prevent the extension of simple disorders so that grave surgical procedures are unnecessary.

Present Treatment of Diphtheria.

W. R. Ramsey (*St. Paul Medical Journal*), concludes as follows:

First. That antitoxin if given early is a specific in fully 95 per cent of all cases of diphtheria.

Second. That even in late cases the mortality is greatly reduced.

Third. That sufficient amounts of antitoxin should be given to produce the desired results.

Fourth. That death results in many cases from the damage done to the heart and nervous system before antitoxin is given and that in these cases absolute rest in the recumbent position and sufficient stimulation are factors of the greatest importance.

Fifth. That there is a certain small percentage of cases apparently in which antitoxin has no effect even when given early.

Sixth. That post-diphtheritic paralysis is apparently no less frequent than before antitoxin.

Seventh. That intubation and tracheotomy where the heart shows evidence of weakness, should be done with the patient in the horizontal position.

Eighth. That heart symptoms sometimes arise as late as several weeks after the patient is apparently well; and that careful examination of the heart should be made daily.

Ninth. That alarming symptoms are sometimes produced by antitoxin and that we should employ it with some reserve, using every means at least within our power to make a proper diagnosis, but always in doubtful cases deciding on the side of safety and giving antitoxin the benefit of the doubt.

Prognosis in Epilepsy.

Wm. G. Spratling (*New York Medical Journal*), offers the following, based on extensive studies of epilepsy:

First. Epilepsy is curable in from 5 to 10 per cent of all cases.

Second. It requires, as a rule, a long continued course of treatment—never less than two to three years—carefully mapped out and executed to the letter, not only along one, but along many lines, to effect a cure.

Third. The failure to secure better results, generally, in the treatment of this disease must frequently be laid to the failure to treat the individual and his disease as a unit, and to treat them both along the very broad, comprehensive, and unyielding lines both require.

Fourth. The drug treatment of eliplepsy alone, while invaluable in many cases and of some use in every case, often fails completely to meet the most important requirements.

Fifth. Guides to the prognosis in epilepsy are always uncertain and unsatisfactory until treatment has been in operation from six to nine months, and in some cases a year or longer.

The Danger of Allowing Warts and Moles to Remain, Lest They Become Malignant.

W. N. Keen (*Journal A. M. A.*), July 9, 1904), from his large experience, reports twenty-five cases of malignancy as illustrative of the danger of allowing moles and warts to remain undisturbed.

All moles and warts are more or less exposed to traumatism and irritation, as a result of which they often increase in size and sometimes undergo malignant changes. The patient has usually become so accustomed to their presence that he is lulled into fancied security by their apparent harmless nature. The recent paper of Wilson and Kalteyer, (*Am. Journal Medical Sciences*, Nov., '03), in which 51 cases are reported, strikingly illustrates the danger of leaving such growths undisturbed until they grow.

The treatment should be thorough excision before increase in size takes place, for when they begin to grow they are usually malignant.

Sodium Cinnamate in Locomotor Ataxia.

P. Bartholow (*New York Medical Journal*, March 26, '04) considers this drug of special value because it stimulates the digestive tract and increases the number of polynuclear leucocytes.

A 10 per cent. solution in sterilized water is used by subcutaneous injection in the interscapular space. As a rule, three injections weekly are sufficient, beginning with 20 minims, gradually increasing to 60 per dose. The cases treated by this method were of long standing in which the cord degeneration had advanced even to the lateral columns. The treatment produces almost immediately a decided gain in weight and strength and an improvement in co-ordination, and also in the concomitant nervous phenomena.

An Emergency Anæsthetic Dropper.

T. M. McIntosh, M. D., Thomasville, Ga., (*Charlotte Medical Journal*, June, 1904) suggests the following means of securing an excellent anæsthetic dropper when the regular drop-bottle is not at hand: Take an ordinary two-ounce vial with a cork stopper and cut two small grooves in the side of the cork, running from end to end, on opposite sides. "Thus was made," he says, "the best and simplest anæsthetic dropper, one groove being the inlet for air, the other the outlet for chloroform. The size of the grooves can be changed by pushing the stopper in deeper, thus narrowing it, or drawing the stopper out and enlarging the grooves."

Simple Test of Heart.

Katzenstein (*Jour. A. M.A.*) has noted that the compression of a large artery, like the iliac, at once increases the blood-pressure. When the condition of the subject is poor, the pulse is materially accelerated by this procedure, and Katzenstein has made some interesting experiments. Applying compression to both iliac arteries, and at the same time controlling the arterial pressure and the pulse-rate, he has found four classes of responses—the arterial pressure rose from 5 to 15 millimeters of mercury, the pulse not varying; in one case of hypertrophy of the left ventricle, the pressure was increased by from 15 to 40 millimeters; in the third group the pressure did not vary, but the pulse became more rapid; and, in the fourth, the arterial pressure sank to a maximum of 30 millimeters, while the pulse increased in frequency. In his belief, the two latter classes indicate a lack of heart sufficiency, and he suggests the value of this test in order to determine the condition of a patient's heart, before a severe operation.

Akin to the suggestion of removing the healthy appendix to forestall appendicitis is the recommendation of A. Lapthorn Smith (*American Medicine*, July 30, 1904) that stitches be placed in the perineum during the progress of labor to facilitate its repair, should laceration take place. His technique is as follows: Just before the head comes down upon the perineum the patient is anæsthetized, brought across the bed, the feet supported and the perineum carefully cleansed. Two or three silk-worm gut stitches are then inserted to catch the perineal muscles, the ends being held by artery forceps. These are then tied after labor is over or removed if laceration has not taken place.

Fulton (*Journal A. M. A.*, July 30, 1904) advocates the use of quinine locally in the treatment of typical cases of hay fever. A saturated solution of the sulphate in sterile water is used as a spray and an ointment of quinine in white vaseline, 30 grains to the ounce, is applied to the nasal mucous membrane, application being made several times daily. Spraying with the quinine solution will at once stop all symptoms of coryza, but the relief soon disappears unless thorough application of the ointment be made.

BOOK REVIEWS

Von Bergmann's Surgery. A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin; P. von Bruns, of Tübingen, and J. von Milkulicz, of Breslau. Edited by William T. Bull, M. D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Price, per valume, net, cloth, $6.00; leather, $7.00; half morocco, $8.50. Volume IV just ready. Pages 757, with 345 engravings and 16 plates. Lea Brothers & Co., publishers, Philadelphia and New York, 1904.

With each successive volume of this comprehensive series, the impression deepens that it is the best thing of the kind we have ever seen. When completed the books will form a working library of surgery that no man practicing that branch of the profession can afford to be without. The fourth volume has just appeared and is devoted to considerations of surgery of the ailmentary tract, including the subject of hernia. When one considers that the whole extent of the canal, from the mouth to the anus, is subjected to surgical inspection and operation more often than any other portion of the economy, the importance of this particular volume is at once apparent. Nothing escapes the writers of the text. Everything is considered, the theory and the practice alike, and even comparatively minor matters are treated wtih a comprehensiveness that it wanting in many of our best text-books. In addtion to a careful exposition of any given subject according to the most approved modern methods, there is also the practical and clinical aspect of the book to be considered. There is a great quantity of useful and, in many cases, invaluable clinical data, the details of much original and painstaking research and the presentation of facts in statistical tables which give the reader what he needs in the shortest and most convenient form imaginable.

The plan of arrangement on which the work as a whole is based is eminently logical and practical, taking up, as it does, the regional and systemic division of subjects into volumes, and each volume exhausts the subject upon which it is written. It is not too much to say that each of the volumes contains more upon a given subject than is often to be found in many a text book devoted to that subject alone. From the standpoint of the publisher, the issue of five volumes of this size within a year, and in such admirable guise, is a real triumph. It is characteristic of the people of America that her physicians demand such a feat and that her publishers are able to perform it. No detail that will enhance the value of the work has been omitted.

The chapter on hernia by Prof. Dr. E. Graser is excellently written, comprehensive and clear as to text and wholly admirable as to illustrations. Prof. von Mikulicz and Dr. W. Kausch write on appendicitis and their work is naturally well done. Other contributors to the present volume are Prof. Dr. von Hacker, Prof. H. Kehr, Prof. Korte, Dr. G. Lotheissen, Prof. H. Schlange and Prof. Steinthal. In this volume Dr. Bull has had the assistance of Edward Milton Foote, M. D., Carleton Flint, M. D., and Walton Martin, M. D., all of the faculty of Columbia.

Dunham's Normal Histology. A Text-Book on Normal Histology. A Text-Use of Students and Practitioners of Medicine. By Edward K. Dunham, Ph. B., M. D., Professor of General

Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (3rd) Edition, Revised and Enlarged. In one Octavo Volume of 334 Pages, with 260 Illustrations. Price, Cloth, $2.75 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

Considering the prevalence of the interest in histology which modern methods of research and study in our medical schools have engendered, the issuance of text-books like that of Dunham is of great importance. The exactness of the findings which the expert microscopist is able to make, in the light of modern methods and modern apparatus, is most gratifying, and Prof. Dunham's book must be considered to have had a good share in making such exactness possible. It is interesting to note that modern methods of instruction in present institutions of learning have been to some extent reflected in the text-books in modern use. Condensation in text and price are both noticeable, the former due to necessity, the result of an extended curriculum, including many specialties, the latter due to increased facilities on the part of the publisher. The student is the gainer on both counts, for nowadays he has the essentials of a given subject put into his hands at a price well within his reach, where he formerly paid a high price for books that contained more material than he could read in the space of time allotted to the subject.

Long years of experience have made men like Dunham masters of the art of essentializing what they have to say, whether it is in class-room, clinic or text-book. The book in question is a case in point. Nothing that is necessary is omitted, nothing that is superfluous finds a place. The text is crystalline clear in its language and pleasingly logical in arrangement. Where it is advisable, the text is supplemented by capital illustrations and the book as a whole makes it easy to see why it should have run into three editions within a comparatively short space of time.

Revision has been careful and systematic, bringing the material to a condition in which it presents the best modern knowledge of the subject, and its value is greatly enhanced by the addition of an excellent chapter on the Care and Use of the Microscope, and on Histological Technique. All of us are likely to be grateful for hints on this subject, considering the large number of preparations that may be used now, and the many who are specially interested in the general subject will find the book invaluable as a text-book and comprehensive laboratory manual combined. It is to be noted, moreover, that the methods suggested in this latter portion of the book are those that may be successfully carried out, even by those who have not had the extended experience of a specialist in histology.

Prof. Dunham's preface suggests an excellent bibliography, the proof of whose excellence is that a large portion of his own work is taken from the sources mentioned.

Dudley's Gynecology. New (4th) Edition. A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Northwestern University Medical School, Chicago. New (4th) Edition. Revised and Enlarged. Octavo, 771 Pages, with 401 Illustrations, of which 50 are in Colors, and 18 Full Page Colored Plates. Cloth, $5.00 Net; leather, $6.00 net; half morocco, $6.50 net. Lea Brothers & Co., Publishers, 706-710 Sansom St., Philadelphia, Pa., August, 1904.

So long as the ailments of woman give rise to the necessity for operative inter-

ference and medicinal treatment, so long will text-books of the solid worth possessed by that of Dudley be in demand at the hands of the profession. The author has risen high in his chosen specialty. He is president of the national organization of gynecologists, and has more than a national reputation as a gynecologist of parts. Moreover, he is a recognized teacher of his own principles, founded on a long and wide experience. What he says carries with it the weight of authority inspired by knowledge, and it is not to be wondered at that his excellent book is now in its fourth edition.

He has sensibly adhered to the original plan of his work, arranging his consideration of subjects in pathological and etiological sequence. The value of this arrangement must be patent. Such a plan gives the reader the opportunity of studying conditions as they are met with in practice; infections and inflammations are brought closely together in the text as they are in real life.

A thorough revision has been undertaken, the result of which has been to make the book reflect the best modern knowledge available on the subject. This has necessitated the re-writing and rearrangement of several chapters, to the infinite betterment of the work as a whole. More than three hundred engravings from specially made drawings have been prepared, and what Dudley calls the "surgical instrument catalogue element" has been faithfully put aside. Instead of the illustrations of instruments appearing as they do in the pages of a dealer's list they are shown in the operations for which they are designed. The operations are pictorially traced, step by step, and this fact, supplemented by the concise and clearly written text, forms an excellent method of instruction.

The publishers have turned out a book of which they may well be proud, and it is a volume that all students should be glad to possess.

The University of Vermont will begin at once to erect a new medical college at a cost of $100,000. Contracts have been let for the building, which will be of brick and terra cotta, to be erected on the site of the old one. It will be completed in May, 1905.

Dr. Calvin McCarroll, of Detroit, house physician of St. Luke's, married Miss Florence Patterson, on August 17. The newly married couple will make their home in Larnaca, Cyprus, in the Mediterranean, where Dr. McCarroll will be engaged in work for the Reformed Presbyterian Missionary Board. He was a graduate from the Detroit College of Medicine in the class of 1904.

A new Jewish hospital, with accommodations for thirty patients, is one of the new enterprises of Detroit. It will be located in a three-story brick building at the corner of Elizabeth and Hastings streets. Dr. Max Ballin will be the surgeon in charge.

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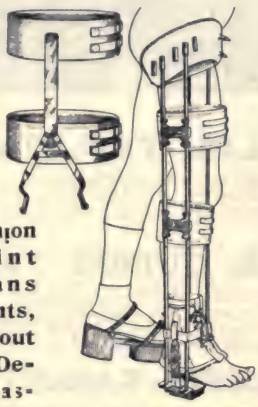

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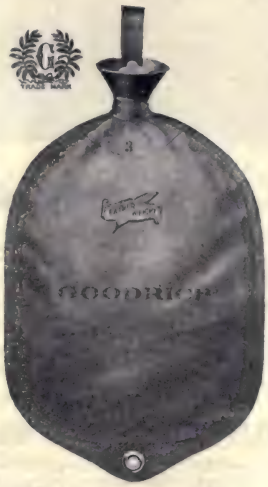

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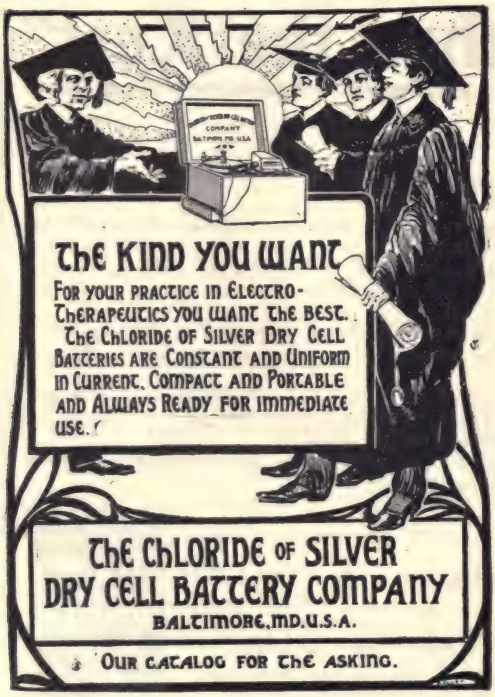
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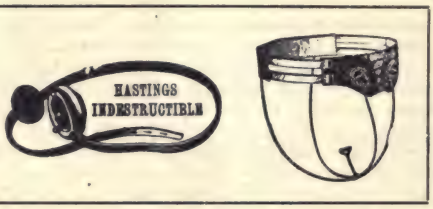

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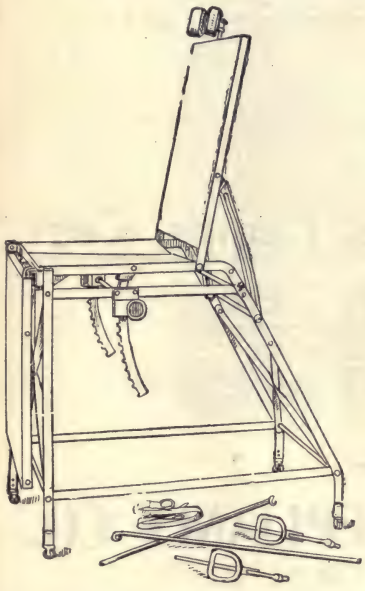

Height of seat 31 inches. Back can be set at any angle desired, and by letting down any angle may be obtained that would be convenient for operation or an examination of eye, ear, nose, throat or chest and for extracting teeth.

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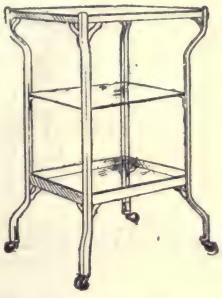
Glass Top Stand

Columbus Favorite



This litle stand is a gem in many ways. It takes up but a small amount of space and is of size to be especially useful.

It is made of best quality angle steel, firmly braced and perfectly solid.

Top shelf is 16x20 inches, lower shelves 12x16 inches.

Price, $5.45.

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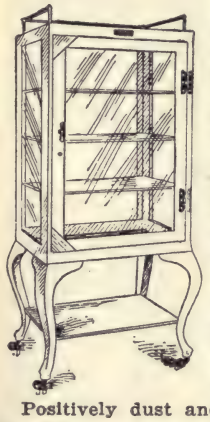

Size 58 in. high, 18 in. deep, 24 in. wide; length of leg 29 in. Beautifully finished. Just the size and style suitable for a physician's office. Solid iron frame, with glass sides, back and door. Made with three plate glass shelves; steel shelf underneath for sterilizing outfit. Top is solid metal, with side and back railing nickeled.

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Single Irrigator

One gallon glass Irrigator, 6 feet of rubber tubing, cut-off, nickel band and ball. Can be raised or lowered easily.

Heavy Four-way Base, which prevents tipping.

Ordinary height.....82 in.
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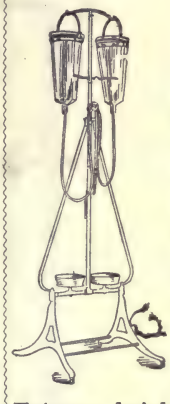

Base same as No. 251, but with a double fork and arms for the Irrigators. Also has raising and lowering device.

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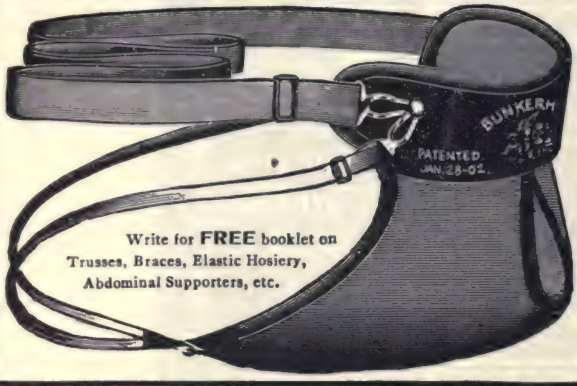

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by reason of its peculiar construction, dilates and flushes the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface, instantly dissolving and washing out all secretions and discharges.

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PUBLISHER'S DEPARTMENT.

Amenorrhoea.

Dr. E. C. Willey, of Louisville, Ky., in the Southern Practitioner, says:

The treatment of amenorrhoea must comprehend attention to general considerations, and special indications must be remembered in the various expressions of amenorrhea.

"The treatment must, in a word, comprehend remedies and measures which are indicted by the etiological factors present in every case which comes up for treatment. When the amenorrhea is caused by having contracted cold, the patient should have a warm sitz bath, and hot applications should be applied to the abdomen and thighs. Often a hot vaginal injection will serve a most useful purpose, and a laxative, preferably a saline, will greatly aid in bringing on the flow.

"In amenorrhea, delayed menstruation and dysmenorrhea, Ergoapiol (Smith) has acted in my hands in a most satisfactory manner. In scanty menstruation, I found it particularly valuable, and I shall enter in detail about one of this character, later on in this article, where this agent brought on a full menstruation and the general health of the patient began to improve at once. When mental perturbation is a factor in these cases it is manifestly the duty of the physician to have the environments of the patient made as quiet as possible, and anti-spasmodic or nerve sedatives should be added to the treatment.

"When amenorrhea is associated with syphilis, the uric acid diathesis or morbid condition must receive correct treatment. My experience with Ergoapiol (Smith) is such that I regard it as an indespensible remedy in all expressions of amenorrhea along with the proper remedies for any diseased condition associated in the causation of the affection. Of course these cases where the amenorrhea is due to atresia of the cervical canal, and to any other condition which is remedial only by surgical means, drugs will prove of no avail. The same can be said of instances in the amenorrhea due to a rudimentary state of the female organs of reproduction.

"A lady some time ago brought her daughter to my office for treatment of amenorrhea. The girl was 18 years old and was visibly anaemic. She had an indifferent appetite and was more or less dispirited. She had enough menstrual flow each month to stain the napkin, but that was all that could be said. I had this patient take Ergoapiol (Smith), one capsule after each meal, and on going to bed regularly for a month. At the next menstrual period the discharge was without pain and free, and the quantity and color was as natural as she had ever known her menstruation to be. She took Ergoapiol (Smith) in the same way another month, and then ceased to have any further trouble; she is full of spirit, and, in a word, well."

Enteroclysis.

By SOL. NEWMAYER, M. D.,
Phildelphia, Pa.

Among the varied causes of convulsions none plays a more frequent and important part than auto-intoxication. They are more frequent in children, due generally to a possible over-feeding, improper food or constipation. The intestinal canal contains a variety of toxins, derived from the ingesta, bile and putrid material. There is continuous absorption from the intestines, including the taking up of toxins.

In the acute infections, where convulsions are ofttimes a forerunner, auto-intoxication from the intestinal tract undoubtedly is of no minor importance. Infections are the result of microbes and we know these bacteria produce something injurious to the system,—they elaborate poisonous ptomaines or toxic substances. Nature tries to rid the body of this poison through its various channels of elimination, one of which is the intestinal canal.

It is here we can aid nature with our antiseptics. The value of internal intestinal antiseptics I believe is greatly over-rated. Many of these drugs are soluble and absorbable and those that are not are so often given in such small doses that in the long journey from the mouth through the intestinal tract, they have spent most of their value before they have proceeded far.

Not to employ internal antiseptics would be unwise, but I would urge a more liberal use of antiseptic solutions by means of the rectal tube. This enteroclysis has not only its antiseptic value, diminishing the toxicity of the intestinal tract, but ofttimes an antipyretic action. This mode of treatment has not been very popular with the physician because of the unclean work, but I am confident the results well repay one for the labor.

In all cases of convulsions, immaterial of the cause, and in any other condition pointing to auto-intoxication, I flush the lower bowel with a solution of Glyco-Thymoline one or two ounces to the quart of water.

Glyco-Thymoline is always kept in my emergency grip.

A New High Frequency Coil.

At the recent meeting of the Massachusetts Medical Society, a very unique coil was exhibited which attracted a great deal of attention.

The coil itself is mounted on a highly finished cabinet, with all the working parts out of sight, and with simply the switches and terminals on the outside. The interrupter is novel, absolutely noiseless, and positive in operation, requiring no adjustment or attention even in a run of many hours. The frequency of the coil is extremely high, and the quantity of the current large.

In applying the current, a crown breeze of large volume, very similar to that from a very large Static machine, may be given the patient, or the various metal or glass electrodes may be used. There is not the slightest danger of accidentally sparking the patient. By means of the sponge electrodes, a sort of faradic effect may be produced. Also, a sensation of heat, or the combination of the two. An incandescent lamp may be lighted to full brilliancy when brought in circuit with the patient.

For X-Ray work, the machine is very satisfactory and extremely easy on tubes, much resembling a Static machine. By a very simple contrivance, the bones may be shown dark or light at will, without change in tube or vacuum.

A bulletin describing this apparatus is now in preparation, and Swett & Lewis Co., 18 Boylson St., Boston, Mass., will be glad to send it to anyone interested, on request.

Nathan Anklet Supports.

Something that a physician will find of great value in many of his orthopedic cases are the Nathan Anklet Supports. They are designed on simple and effective lines, and are useful for the support of weak, sprained or wrenched ankles; they slip over the foot, and lace up the front of the ankle, so that they are easily worn under a loose shoe. Light in weight, additional comfort is secured to the patient by a ventilating device which keeps the support from unduly heating the ankle. Those who wear them are secure against bow-leg, and when this condition is present, wearing the support is of material service in effecting a cure. They are manufactured by the Nathan Anklet Support Co., at 88-90 Reade St., N. Y. C., and the same firm also manufacture a flexible support for the arch of the instep which corrects the deformity of flat-foot in a most satisfactory manner. The latter have had the endorsement of eminent authorities in orthopedic work and they will be found entirely capable of doing the work for which they are designed.

Antikamnia in Catamenial Difficulties.

The Quarterly Journal of Inebriety, so well and favorably known through the instrumentality of its brilliant and philanthropic editor, T. D. Crothers, A. M., M. D., quotes the following statement in reference to pain relieving remedies, from one of Great Britain's noted medical men, Dr. John Stewart Norvell, resident surgeon, Royal Infirmary, Ed-

irburgh: "Antikamnia Tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstruation. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coaltar analgesics are entirely absent and they can, therefore, be safely put into the hands of patients, for use with the personal supervision of the physician."

Antiphlogistine's Usefulness.

Bruises, sprains and abrasions consequent upon tennis, golf, mountain climbing and other out-door sports are preferred at this season. Infected wounds are frequent and disabling. Country life also brings the results of contact with poison-ivy, poison-oak and the various venomous insects with their characteristic weapons of offense. In all these cases the physician's first thought should be Antiphlogistine. It reduces inflammation of all sorts better and more quickly than any other application, while for poisoned wounds and dermatitis venenata it is almost a specific.

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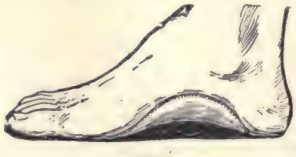

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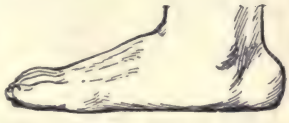

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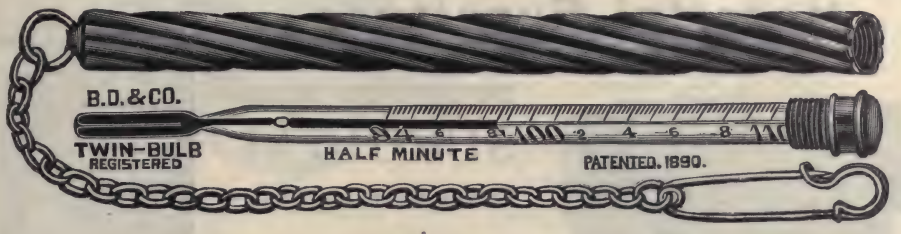

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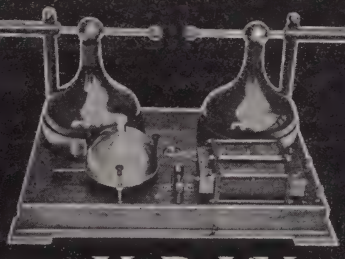

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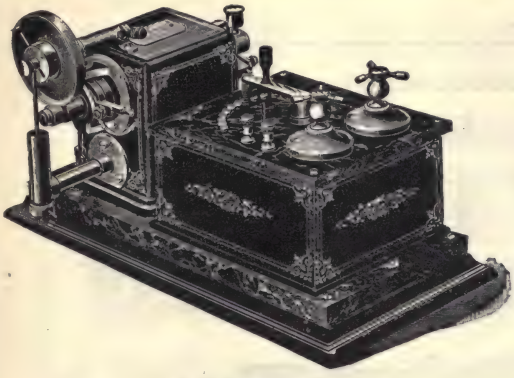

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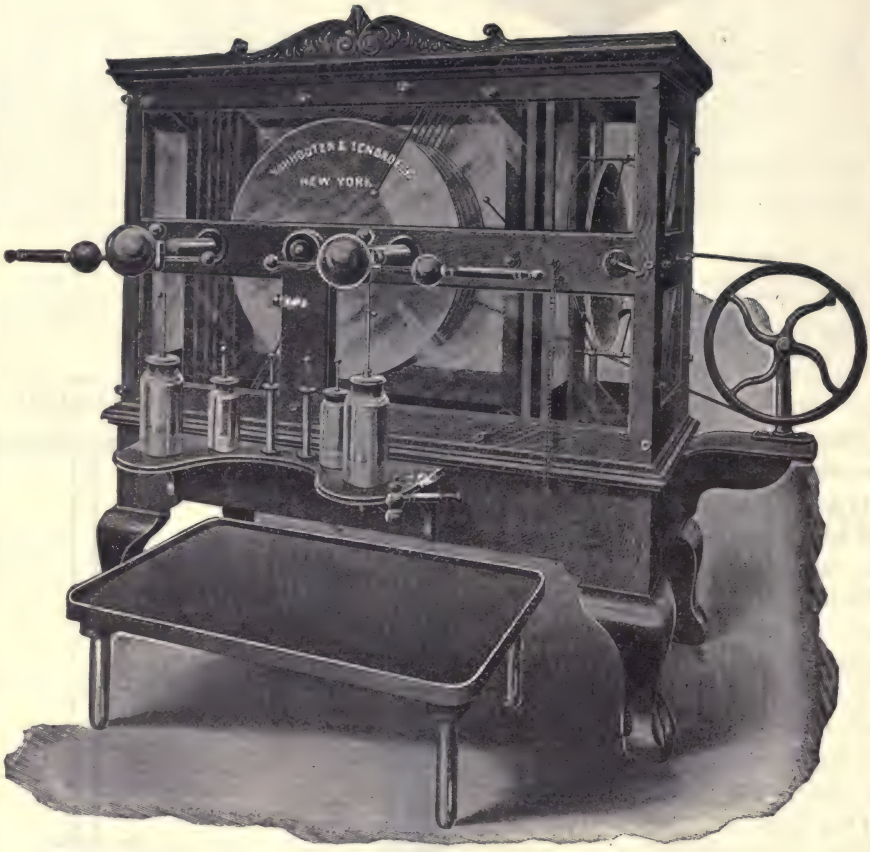

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